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New York

President: Mr. Lajčák ..... (Slovakia)

The meeting was called to order at 3.10 p.m.

Agenda item 35

Protracted conflicts in the GUAM area and their implications for international peace, security and development

Report of the Secretary-General (A/72/847)

Draft resolution (A/72/L.55)

The President: I now give the floor to the representative of Georgia to introduce draft resolution A/72/L.55.

Mr. Imnadze (Georgia): As we mark the twentieth anniversary of the Guiding Principles on Internal Displacement, forced displacement around the world has reached a record level — 65.6 million persons displaced by conflict, violence, persecution and natural calamities. While the causes of the displacement may differ, human suffering does not.

Among those 65 million people, as many as 400,000 are displaced from my own country, Georgia. It is in their name that I take the floor today to introduce and solicit the support of the General Assembly for draft resolution A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia and Tskhinvali region/South Ossetia, Georgia" under agenda item 35, "Protracted conflicts in the GUAM area and their implications for international peace, security and development".

The draft resolution before the Assembly, which we have been adopting for the past 10 years, is not only derived from the Guiding Principles on Internal Displacement, but in a certain way has become the embodiment of the Principles as well. The Guiding Principles consist of three fundamental concepts: securing the rights of the displaced, including the right to safe and dignified return and property rights; the unacceptability of forced demographic changes; and the need for unimpeded humanitarian access.

By virtue of the draft resolution, we emphasize the importance of the Guiding Principles and strongly support the work of the Geneva International Discussions, which is the forum mandated by the 12 August 2008 ceasefire agreement and co-chaired by the United Nations, the European Union and the Organization for Security and Cooperation in Europe.

Regrettably, Georgia's unwavering commitment to the Geneva International Discussions and the constructive actions it has taken within them, where all stakeholders are represented, has yet to be reciprocated. We are confronted with a policy of concerted disrespect for the issue of return by relevant participants, despite the fact that the Secretary-General urges participants to refrain from so-called walkouts during the discussion of the respective agenda items and to address all their concerns within the framework of the Geneva International Discussions.

Recent developments in the security and human rights situation in the occupied Georgian territories are also extremely alarming. In the twenty-first century,

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we continue to witness the installation of razor-wire fences and so-called border signs along stretches that have reached a shocking 49 kilometres in the Abkhazia region and 52 kilometres in the Tskhinvali region. The Secretary-General condemns this situation in his latest report on Georgia (A/72/847).

Human rights violations in the occupied regions have become a daily occurrence. People endure kidnappings, arbitrary detentions, property seizures, restrictions on access to education in their native language, restrictions on free movement and residence and continued discrimination on the grounds of ethnic origin.

I have spoken previously from this rostrum of the blatant murder of Giga Otkhozoria, an internally displaced person (IDP) from Georgia, by a so-called border guard, who chased and gunned him down in broad daylight, all of it recorded by closed-circuit television cameras (see A/70/PV.96). This year, Archil Tatunashvili, an IDP from the Tskhinvali region, was detained by the occupying Power and tortured to death while in detention. His mutilated body, missing all internal organs, was released to his family three weeks later. The perpetrators are still at large, because these are not accidental tragedies; they are a testimony to systematic violations of fundamental human rights in the occupied territories, which, as the former High Commissioner for Human Rights has put it, remain a "black hole" and "one of the most inaccessible places on Earth".

To address the issue, for the second consecutive year the Human Rights Council has expressed its serious concerns about the human rights and humanitarian situation within the occupied regions of Georgia by adopting resolution 37/40 at its March 2018 session, calling for the Office of the High Commissioner and other international and regional human rights mechanisms to be granted immediate access to the occupied territories. Opening these regions to the international community for monitoring and reporting of all human rights abuses would be a major step forward in ending impunity and lawlessness.

Against that backdrop, and despite all the impediments on the ground, the Government of Georgia has come out with a new peace initiative, "A Step to a Better Future", which is aimed at enhancing the interaction between communities and proposes moving forward on three aspects: facilitating and expanding trade across the dividing lines; creating additional opportunities and simplifying access to all levels of education; and easing access to various services and benefits. Georgia continues to steadfastly support its policy of reconciliation and reintegration in the firm belief that a commitment to a rules-based order and a surge in diplomacy are the only means for achieving sustainable peace.

Secretary-General António Guterres, speaking on the Organization's priorities for 2018, has urged the international community to "pave the way for the safe, voluntary, dignified and sustainable return of refugees to their places of origin, in accordance with international standards". While the draft resolution introduced by Georgia today refers to the situation in a single country, the issue at stake is an integral part of a global challenge — forced displacement. In this Hall, we all recognize the utterly humanitarian nature of the principle of return. Therefore, we appeal to the Assembly to apply the very same principle to the IDPs of Georgia. They too are part of our global endeavour to leave no one behind.

In his latest report on Georgia, the Secretary-General explicitly underlined that

> "[i]t is essential to recognize that return is both a human right and a humanitarian issue and therefore cannot be directly linked to political questions or the conclusion of peace agreements. It must be addressed irrespective of any solution to the underlying conflict" (*A/72/847, para. 43*).

It is now time for us, the General Assembly, to show firm adherence to the aforementioned principles and demonstrate our joint commitment to sustainable peace. We need to continue sending a message of hope to the hundreds of thousands of victims of forced displacement. Accordingly, I once again urge the Assembly to vote in favour of draft resolution A/72/L.55 and recognize once again that internally displaced people do have the right to return.

Mr. Moraru (Republic of Moldova): I have the honour to speak on behalf of the Organization for Democracy and Economic Development-GUAM and its member States: Azerbaijan, Georgia, Ukraine and my own country, the Republic of Moldova.

Millions of people in the GUAM countries have been forced to leave their homes as a result of armed conflicts. Forced displacement has led to a range

of humanitarian challenges in the GUAM area. We believe that the humanitarian concerns of the affected populations should be a priority. Ensuring the safe and dignified return of internally displaced persons (IDPs) and refugees in the GUAM area as the principal way of achieving durable solutions for forcibly displaced persons is an overarching goal.

This year once again, the GUAM member States are presenting a joint position in support of the annual draft resolution, this year contained in document A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia". The draft resolution addresses the plight of hundreds of thousands of IDPs and refugees forcibly displaced from the Abkhazia and Tskhinvali regions of Georgia as a result of the conflict there as well as several waves of ethnic cleansing.

Ten years after the adoption of the first resolution on Georgia's IDPs and refugees (resolution 62/249), no progress has been achieved. We regret that despite the calls of the international community, the conditions for organized return in safety and dignity have not yet been fulfilled, and hundreds of thousands of people continue to be deprived of their right to return and their property rights. As highlighted in the Secretary-General's report (A/72/847), no major changes with regard to internally displaced persons and refugees exercising their right to return were observed during the reporting period.

We reiterate our support for the Geneva International Discussions process, which is a unique platform for participants to discuss security, stability and humanitarian issues, including in relation to the return of refugees and IDPs. We regret that the discussions on the most essential humanitarian matters within the Geneva International Discussions are constantly being undermined by the concerted disrespect of certain relevant participants.

We view the current draft resolution as an important tool for further encouraging the participants in the Geneva International Discussions to redouble their efforts to address the issues within the mandate of the Geneva International Discussions, including the creation of conditions conducive to a voluntary return in safety and dignity. We remain seriously concerned about the human rights situation in the Georgian regions of Abkhazia and Tskhinvali region/South Ossetia. Against the backdrop of the ongoing installation of razor-wire fences, illegal detentions, deprivations of property, restrictions on free movement and access to education and other ethnically based violations, the local population is deprived of minimal safeguards for their lives. The situation is particularly alarming given that no international monitoring mechanisms are allowed to oversee the situation on the ground.

In that context, we welcome the Human Rights Council's adoption of resolutions 34/37 and 37/40, on cooperation with Georgia. They express serious concerns about the human rights and humanitarian situation within the Abkhazia and Tskhinvali/South Ossetia regions of Georgia and call for the Office of the High Commissioner and other international and regional human rights mechanisms to be granted immediate access to those territories. We also welcome the peace initiative entitled "A Step to a Better Future" recently proposed by the Government of Georgia, and hope that it will lead to increased interaction between the peoples on the ground.

The GUAM member States reiterate their firm support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders. Today's draft resolution is an opportunity for the States Members of the United Nations to reaffirm their commitment to the fundamental right of a safe and dignified return of IDPs and refugees and express solidarity with forcibly displaced persons around the world. We will therefore vote in favour of the draft resolution and call on others to join us in supporting this noble cause.

Ms. Plepytė (Lithuania): I have the honour to speak on behalf of the Baltic and Nordic States: Denmark, Estonia, Finland, Iceland, Latvia, Norway, Sweden and my own country, Lithuania. Bulgaria, the Czech Republic, Ireland, Malta, the Netherlands, Poland and Slovakia align themselves with this statement.

The number of displaced persons and refugees around the world has reached an unprecedented level and is still growing as a result of armed conflicts, violence, persecution and human rights violations. We must not forget that the fate of every affected person lies at the heart of this negative phenomenon. Regrettably, Georgia is among the countries most affected by the problem of forced displacement. Ten years after the first adoption of the resolution on internally displaced persons (IDPs) and refugees from Abkhazia and Tskhinvali region/South Ossetia in Georgia (resolution 62/249), no progress has been seen. Hundreds of

thousands of those IDPs continue to be deprived of their right to a safe, dignified and voluntary return to their places of origin and their property rights.

The Secretary-General identified the prevention of forced displacement and the pursuit of durable solutions for refugees and internally displaced persons as one of the priorities in his report on the protection of civilians in armed conflict (S/2018/462). In this context, we fully support the Secretary-General's call for renewed efforts not only to prevent displacement but also to address its root causes and support the affected communities. Draft resolution A/72/L.55, which we are adopting today, clearly echoes the Secretary-General's goals and commits us all to continuing to work for the protection and assistance of those who have been forcibly displaced from the Abkhazia and Tskhinvali/South Ossetia regions of Georgia and to ensuring that they are able to exercise their fundamental right to a safe and dignified return.

The human rights situation in those occupied regions of Georgia remains a cause for our continued concern. Russia continues to violate the commitments made in the 12 August and 8 September 2008 agreements by maintaining a military presence in both the Abkhazia and Tskhinvali/South Ossetia regions of Georgia. Kidnappings, arbitrary detentions as a consequence of the ongoing borderization, new restrictions on freedom of movement and a lack of access to health care and to education in their native language have a direct and negative impact on the daily life of hundreds of thousands of people affected by this protracted conflict.

The adoption by the Human Rights Council of resolution 37/40, on cooperation with Georgia, clearly demonstrated that the international community remains seized of the matter, as it emphasized the need to address human rights and humanitarian issues faced by those forcibly displaced from Abkhazia and the Tskhinvali region/South Ossetia in Georgia. In this context, we remain concerned about the fact that in the past several years no international human rights monitoring mechanism has been granted unrestricted access to the regions of Abkhazia and the Tskhinvali region/South Ossetia, and we call for immediate access to be granted to the Office of the United Nations High Commissioner for Human Rights and other international and regional human rights mechanisms.

We reiterate our support for the Geneva International Discussions process and join the Secretary-General's call to all relevant stakeholders to step up efforts to make tangible progress on key security and humanitarian issues with a view to improving the security and human rights situation and meeting the pressing humanitarian concerns of the affected population, including internally displaced persons. We take this opportunity to reaffirm our strong support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders.

In conclusion, given the lack of progress on the ground, we call for the continued engagement of the United Nations. Today's draft resolution is a clear signal of our commitment to the people forcefully driven out of their homes. As in previous years, we will vote in favour of the draft resolution and call on the entire Assembly to do the same.

Mr. Yelchenko (Ukraine): Ukraine aligns itself with the statement delivered by the representative of the Republic of Moldova on behalf of the GUAM member States, and would like to add some remarks in its national capacity.

This year marks a sad anniversary. Ten years ago, Russia started its aggression against Georgia. Since the beginning of the Russian Federation's occupation of the Georgian territories of Abkhazia and the Tskhinvali region/South Ossetia, the situation on the ground has deteriorated dramatically. This, of course, is nothing unusual; it happens every time Russia intervenes, as our own bitter experience amply shows.

We strongly condemn the discrimination on ethnic grounds, the restrictions on education in the native language of the two occupied Georgian regions, and the reported mass demolition of houses of ethnic Georgians in the Tskhinvali region. We are also deeply concerned about the large number of internally displaced persons who have been deprived of the right to return to their homes in a safe and dignified manner.

Ukraine urges the occupying Power, the Russian Federation, to provide immediate and unimpeded access to independent international and regional human rights monitors, in particular the Office of the United Nations High Commissioner for Human Rights. In this regard, we welcome the recent adoption of Human Rights Council resolution 37/40, entitled "Cooperation with Georgia", and express our strong support for the yearly draft resolution on the status of internally displaced persons and refugees from Abkhazia, Georgia, and the

Tskhinvali region/South Ossetia, Georgia, which we are discussing today (A/72/L.55).

Ukraine strongly condemns the recent decision of the Syrian Arab Republic to recognize and establish diplomatic relations with the occupied territories of Georgia — Abkhazia and the Tskhinvali region/ South Ossetia. Syria's decision is yet another breach of the norms and principles of international law by the Al-Assad regime and clearly demonstrates the eagerness of the current Syrian authorities to please the Kremlin. In this respect, I reiterate Ukraine's unwavering support for the sovereignty and territorial integrity of Georgia within its internationally recognized borders.

Once again, Ukraine strongly condemns all actions taken by the Russian Federation against basic human rights and freedoms, in particular those of internally displaced persons and refugees, in violation of the relevant obligations set forth under international law. I urge the Russian occupying authorities to stop their illegal practices and respect the obligations that are incumbent on Russia as aan occupying Power, in accordance with international humanitarian law.

Ukraine will support the adoption of draft resolution A/72/L.55 and calls on other delegations to vote in favour of this important text.

The President: We shall now consider draft resolution A/72/L.55.

Before giving the floor for explanations of vote before the voting, I would like to remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Mr. Grant (Canada) (*spoke in French*): Canada is pleased once again to support draft resolution A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia". Canada fully supports the sovereignty, independence and territorial integrity of Georgia within its internationally recognized borders. Russia's occupation of these regions is a flagrant violation of international law and poses a threat to the sovereignty and territorial integrity of Georgia.

Canada calls on Russia to respect its obligations under the 12 August 2008 ceasefire agreement and the 8 September 2008 implementation agreement. We also firmly condemn the Syrian regime's recognition of Abkhazia and the Tskhinvali region/South Ossetia, which are regions occupied by Russia in Georgia, as it flouts the international rules-based order and jeopardizes the chance for a peaceful settlement to the conflict.

(*spoke in English*)

Canada notes Georgia's recently announced peace initiative, "A Step to a Better Future". The initiative's proposals, particularly in terms of facilitating trade, education and people-to-people ties, demonstrate a constructive approach that can benefit people in Abkhazia, South Ossetia and the rest of Georgia. We look forward to the positive contribution the initiative will make to the lives of the people living in these regions.

Canada is deeply concerned about the plight of the more than 40 million people worldwide, including the hundreds of thousands in Abkhazia and the Tskhinvali region/South Ossetia, who remain internally displaced due to conflict and circumstances beyond their control. The correlation between the rises in displacement and in the number of violent conflicts around the world calls for long-term international engagement to respond to the needs of the forcibly displaced, seek durable solutions and better address the root causes of forced displacement. In this context, we welcome the increased attention being paid to responses to internal displacement in the light of the twentieth anniversary of the Guiding Principles on Internal Displacement and encourage further dialogue on this issue.

Today's draft resolution serves to remind the international community of the serious humanitarian situation in the occupied regions of Georgia and the pressing issue of protracted displacement worldwide. Canada calls on Member States to join in sustained efforts to alleviate the suffering of all people affected by conflict and unite to intensify efforts to establish sustainable peace. Supporting the draft resolution will be a valuable step towards achieving that goal.

Mr. Kuzmin (Russian Federation) (*spoke in Russian*): For yet another consecutive year, the General Assembly has before it the draft resolution under consideration today (A/72/L.55). Its authors continually state that the motive for the initiative is concern for the needs of those who have lost their homes and means of survival as a result of armed conflict, having been forced to leave their area of permanent residence. However, today's draft resolution, like its predecessors, has simply been politicized. The authors of the draft resolution are

not interested in the real needs and concerns of the populations in Abkhazia and South Ossetia. Tbilisi is attempting to achieve its own political goals by using the humanitarian issue and speculating on the fate of various peoples — Georgians, Abkhazians, Ossetians and representatives of other nationalities who suffered under the nationalist and aggressive policies of past authorities in Georgia, including in 2008.

Instead of direct substantive dialogue with Sukhumi and Tskhinvali in Geneva, Tbilisi continues the practice of defaming its opponents in international forums where Abkhazia and South Ossetia are not represented. So far Tbilisi has refused to sign an agreement with Sukhumi and Tskhinvali on the non-use of force. We therefore cannot see Georgia's calls for peace and trust as sincere. The actions of the Georgian authorities exacerbate the situation in the region, delaying a solution to the real problem of refugees and undermining the trust among parties. Today we should be discussing peaceful coexistence in the region, taking into account today's geopolitical reality. It is time for Georgia to opt for a constructive discussion of humanitarian issues rather than groundless, senseless attacks on Sukhumi and Tskhinvali in international forums.

The draft resolution before the General Assembly is not objective and is based on the narrow political interests of a single party to the conflict. It does not enable us to normalize the situation in the region, nor will it lead to the establishment of contact or help to build neighbourly relations between Abkhazia and South Ossetia and Georgia, which is a key component of solving the refugee problem that many have mentioned today.

With that in mind, the delegation of the Russian Federation calls for a vote against draft resolution A/72/L.55 and will itself vote against it. We call on other delegations that do not wish to see the work of the General Assembly politicized not to support that initiative.

Mr. Allen (United Kingdom): The United Kingdom fully supports draft resolution A/72/L.55, which is before us today. It reaffirms the inalienable right of internally displaced persons (IDPs) and refugees to return to their homes in a safe and dignified manner, regardless of their ethnic origin. This is a humanitarian and human rights issue and should not be linked to wider political processes.

There are more than 250,000 registered internally displaced persons in Georgia. Many live in difficult and vulnerable conditions. It is important that the General Assembly send a message that it has not forgotten those people and that it will continue to call for their return home. Indeed, it is perhaps more important to do so with every year that passes. The United Kingdom will therefore vote in favour of today's draft resolution. We encourage everyone else here to do the same.

More broadly, the United Kingdom welcomes the Government of Georgia's work to help improve the situation of IDPs and is pleased with the regular reports by both the Government of Georgia and the Georgian Ombudsman documenting the human rights situation in Abkhazia and South Ossetia. It is important that national and international legislation is effectively implemented to aid efforts to help and protect the lives of IDPs. We call on the Russian Federation to stop the continued borderization activities on the administrative boundary lines with Abkhazia and South Ossetia, which are a direct impediment to the return of Georgian IDPs to their homes. We hope that all sides will use the Geneva International Discussions as the forum to discuss and make progress on humanitarian issues.

The President: The Assembly will now take a decision on draft resolution A/72/L.55, entitled "Status of internally displaced persons and refugees from Abkhazia, Georgia, and the Tskhinvali region/South Ossetia, Georgia".

A recorded vote was taken.

In favour:

Albania, Andorra, Antigua and Barbuda, Australia, Austria, Azerbaijan, Bahamas, Belgium, Belize, Bulgaria, Canada, Costa Rica, Croatia, Czech Republic, Denmark, Djibouti, Dominican Republic, Estonia, Eswatini, Finland, France, Gambia, Georgia, Germany, Greece, Guatemala, Guyana, Haiti, Honduras, Hungary, Iceland, Ireland, Italy, Jamaica, Japan, Kiribati, Latvia, Liberia, Liechtenstein, Lithuania, Luxembourg, Malawi, Malta, Marshall Islands, Mexico, Micronesia (Federated States of), Monaco, Montenegro, Netherlands, New Zealand, Norway, Papua New Guinea, Poland, Portugal, Republic of Moldova, Romania, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Sierra Leone, Slovakia, Slovenia, Solomon Islands,

Spain, Sweden, the former Yugoslav Republic of Macedonia, Togo, Tonga, Trinidad and Tobago, Turkey, Tuvalu, Ukraine, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay, Vanuatu, Yemen

Against:

Armenia, Belarus, Burundi, Cuba, Democratic People's Republic of Korea, Lao People's Democratic Republic, Myanmar, Nauru, Nicaragua, Philippines, Russian Federation, South Sudan, Sudan, Venezuela (Bolivarian Republic of), Viet Nam, Zimbabwe

Abstaining:

Algeria, Argentina, Bahrain, Bangladesh, Barbados, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Brazil, Brunei Darussalam, Burkina Faso, Cabo Verde, Central African Republic, Chile, China, Colombia, Côte d'Ivoire, Cyprus, Ecuador, Egypt, El Salvador, Fiji, Guinea-Bissau, India, Indonesia, Iran (Islamic Republic of), Iraq, Israel, Kazakhstan, Kenya, Kyrgyzstan, Lebanon, Lesotho, Madagascar, Malaysia, Mongolia, Morocco, Namibia, Nepal, Nigeria, Oman, Pakistan, Panama, Paraguay, Peru, Qatar, Republic of Korea, Rwanda, Senegal, Serbia, Singapore, Sri Lanka, Suriname, Switzerland, Thailand, Tunisia, Uganda, United Arab Emirates, United Republic of Tanzania, Uzbekistan, Zambia

Draft resolution A/72/L.55 was adopted by 81 votes to 16, with 62 abstentions (resolution 72/280).

[Subsequently, the delegation of the Syrian Arab Republic informed the Secretariat that it had intended to vote against.]

The President: Before giving the floor to speakers in explanation of vote, I would like to remind delegations that explanations of vote are limited to 10 minutes and should be made by delegations from their seats.

Ms. Shilo (Israel): Israel welcomes the steps taken by the Government of Georgia to improve the livelihood and socioeconomic status of internally displaced persons. Israel is encouraged by the constructive discussions in the context of Working Group II of the Geneva International Discussions, which led to concrete activities on humanitarian issues, including those related to environmental protection. We also welcome Georgia's programme of engagement through cooperation, which aims to build trust and confidence among the divided communities.

Israel supports the spirit of reconciliation through direct dialogue promoted by the Georgian Government and would like to take this opportunity to reiterate its support and recognition of Georgia's territorial integrity. We reiterate our well-established position that the way to resolve long-standing conflicts is through a negotiated, mutually agreed approach, not unilateral action.

Mr. De Souza Monteiro (Brazil): Over the years, Brazil has consistently abstained in the voting on draft resolutions concerning internally displaced persons and refugees from Abkhazia and South Ossetia, as we believe such votes may prejudge or influence the consideration of sensitive issues that should be resolved by the relevant negotiations in Geneva.

Brazil recognizes Georgia's territorial integrity and hopes that its dispute with the Russian Federation can be resolved as soon as possible, peacefully and through dialogue. We urge all the actors involved to seek lasting solutions to the situation of internally displaced persons and refugees with a view to creating political conditions that can enable their safe return and dispel fears of a relapse into conflict. We call on all the parties concerned to pursue further cooperation and adopt confidence-building measures, including in the framework of the Geneva process.

The President: We have heard the last speaker in explanation of vote. The General Assembly has thus concluded this stage of its consideration of agenda item 35.

Agenda item 10 (*continued*)

Implementation of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS

The President: We will now hear the remaining speakers in the debate on this agenda item.

Mr. Akhinzhanov (Kazakhstan): At the outset, I would also like to thank the Secretary-General for his comprehensive report (A/72/815).

Today's meeting is another important opportunity to discuss the implementation of our shared commitments that will shape our course of action to end the HIV epidemic, which is far from being eradicated

and continues to affect many Member States, people, economies and the very fabric of society. That is why, in 2016, the General Assembly endorsed the Political Declaration on HIV and AIDS: On the Fast Track to Accelerating the Fight against HIV and Ending the AIDS Epidemic by 2030 (resolution 70/266), including the 90-90-90 treatment target by 2020. Kazakhstan is fully committed to that objective through its numerous national programmes and services, which I am pleased to briefly present. The full version of our national statement will be posted online.

Kazakhstan applies a cross-dimensional approach in its national plans for fighting the spread of HIV. Up until now, more than 81 per cent of the funding for HIV/AIDS in the country has been provided by the Government of Kazakhstan. At the same time, we cooperate closely with non-governmental organizations, as they represent every stratum of society, especially the most vulnerable. We have significantly reduced the cost of drugs, including by purchasing them through internationally recognized mechanisms, and we sincerely thank the Joint United Nations Programme on HIV/AIDS (UNAIDS) and UNICEF for their continued support.

Under the 90-90-90 target, Kazakhstan provides universal access to testing for HIV. We have also joined the UNAIDS global initiative on accelerating action in large cities. Every year, more than 2 million people are tested for HIV free of charge, and more than 80 per cent of people living with HIV know their status. In accordance with the recommendations of the World Health Organization, Kazakhstan has introduced a test-and-treat strategy. We have seen considerable improvement in the quality of life of people with HIV. The AIDS death rate declined from 16.1 per cent in 2010 to 10.6 per cent in 2017. One of the key focus areas is preventing mother-to-child transmission of the virus, which has resulted in a significant reduction of perinatal transmission, from 8.4 per cent to 1.9 per cent.

In addition, this year we set three ambitious goals, which are to ensure that more than 80 per cent of people with HIV know their status, that 70 per cent are receiving treatment and that 70 per cent of those treatments are effective. We also guarantee all citizens, without exception, access to quality medical services. Kazakhstan adheres to the principles of medical ethics whereby every effort is made to prevent stigmatization and discrimination. Similarly, foreigners with HIV/AIDS are not barred from entering and staying in Kazakhstan and have the right to receive medical assistance under our mandatory social health-insurance scheme. Thanks to these proactive and remedial measures by our Government, the World Economic Forum has classified Kazakhstan in the group of countries with a low incidence rate in the 15-to-49 age group, which in our case is only 0.2 per cent.

In conclusion, I would like to reiterate that Kazakhstan is committed to achieving the set targets. Upholding and maintaining them in coming years is extremely important for the total elimination of the epidemic. Along with country-specific and global visions, we should adopt a regional approach, as the HIV epidemic does not recognize borders. The most practical way to end it is therefore to ensure that neighbouring countries formulate and implement mutually reinforcing policies. In that context, we cannot underestimate the importance of the coordinating role of the United Nations on the ground, which calls for the one-United Nations approach to be applied at the regional level as well. The strategy can be shown to have yielded results once we know that no one has been left behind and as long as all stakeholders — the public health-care system, people living with HIV, community activists, international organizations, scientists, experts, politicians, business people and others — work together with determination.

Mr. Rybakov (Belarus) (*spoke in Russian*): Belarus greatly appreciates the support of the United Nations and the Joint United Nations Programme on HIV/AIDS (UNAIDS) for our national efforts to prevent and treat HIV/AIDS. Our vision of the fight against this scourge is clear and outlined in our State programme documents.

First of all, that means preventing the spread of the virus. Belarus has been abic to contain the epidemic. Our HIV rate is 25 people per 100,000, one of the lowest in the world. HIV infection is primarily linked to issues such as lifestyle and drugs. The consequences of HIV infection affect specific groups and families, and are worst of all when entirely innocent children are infected. Dealing with preventing HIV therefore demands the attention not just of health-care professionals but of all of society. Needless to say, a healthy lifestyle and a reduction of the risk factors are key to success. The Government of Belarus is focused on coordinating action between our State entities in the areas of education, social protection, medicine and law enforcement. We are actively involving non-State

partners in this work, including social and religious organizations.

Secondly, we see our job as one of ensuring that people in Belarus suffering from the disease — who, according to data from our Ministry of Health, number some 15,000 people, less than 0.2 per cent of the whole population — receive the treatment and social support they need so that they can live longer, support their children and contribute to the country's development. Most important of all for us is caring for children, an area in which Belarus has achieved a great deal. For example, in 2016, the World Health Organization (WHO) certified that we had succeeded in preventing any case of HIV transmission from infected mothers to their children. That is no longer a major concern for us and our health care and society are now focused on preventing even the slightest risk of children being infected by HIV. We are grateful to UNAIDS for the benefit of its progressive international experience in all these areas. We are interested in cooperating actively with UNAIDS not only in multilateral forums as well as bilaterally.

In November 2016, with the support of UNAIDS and the WHO, we held a regional meeting in Minsk on countering HIV/AIDS and tuberculosis in which 12 countries of the regional countries participated, as well as international and public organizations, and we intend to continue our cooperation in that area. The participation in such events of a wide range of States experiencing similar problems relating to the prevention and treatment of HIV/AIDS has promise and will be useful for us all. We also very much appreciate the help of UNAIDS in raising funds from international donors, particularly for the Global Fund to Fight AIDS, Tuberculosis and Malaria, and we are considering further constructive cooperation in that area. Belarus is committed to implementing the Political Declaration on HIV and AIDS and the UNAIDS 90-90-90 strategy adopted in New York in 2016. The guiding principles of response measures to the HIV epidemic have been integrated into Belarus's national programme for HIV prevention.

Our country has rolled out self-testing for HIV and began selling HIV tests in pharmacies last year. We are working on establishing a sustainable national system for combating HIV/AIDS. Over the past 10 years, we have more than tripled State spending in this area. The relevant State programme for the period from 2016 to 2020 specifies that more than 70 per cent of funds for combating HIV should come from internal sources, both State and local budgets. By reducing the price of antiretroviral drugs, the volume of State financing for antiretroviral therapy in 2018 was almost tripled by comparison to 2016. In December 2017, the Ministry of Health of Belarus enacted a decree that significantly expanded the possibilities for citizens living with HIV to adopt or foster children, a big step forward that was made possible by the fact that the comprehensive treatment available in our country has helped to reduce the viral load to a level that humans are no longer spreading it.

On 1 March, Zero Discrimination Day, as part of our national action plan for human rights, our Ministries for Foreign Affairs and Health, together with UNAIDS, organized a major event for a partnership geared to promoting safe and effective HIV/AIDS support. The participants included members of Parliament and representatives of State bodies, the diplomatic corps and international and non-governmental organizations. The main goal was to draw attention to the problems of people with HIV and AIDS both in terms of medical treatment and of overcoming stereotyped attitudes to these people and preventing discrimination against them. Belarus is committed to scaling up and ensuring the sustainability of harm reduction programmes, and is ready to share its national experience in overcoming the HIV epidemic.

In conclusion, I would like to assure the Assembly that the leadership of the United Nations and UNAIDS can continue to count on Belarus as a reliable partner in this area both regionally and internationally.

Ms. Mönöko (Lesotho): I have the honour to deliver this statement on behalf of the Government of the Kingdom of Lesotho. I would like to align myself with the statements delivered by the representatives of Kenya, on behalf of the Group of African States, and Tanzania, on behalf of the Southern African Development Community (see A/72/PV.94).

We note with concern that Lesotho has the world's highest incidence of HIV and the second highest prevalence of the disease, with more than 330,000 people living with HIV and more than 13,000 new adult infections annually, according to a nationwide cross-sectional household survey conducted from 2016 to 2017 by the Lesotho Population-Based HIV Impact Assessment.

I should point out that Lesotho has made tremendous strides in its response to AIDS and the steps it has taken to strengthen the integration of HIV with other health services, including those dealing with tuberculosis, cervical cancer, non-communicable diseases, sexual and reproductive health and maternal and child health, with a success rate of 67 per cent of people living with HIV having access to life-saving medicines. We have also put strategies in place to scale up access to HIV prevention and treatment services and to reduce discrimination against infected people. In 2016, Lesotho adopted a test-and-treatment strategy that has resulted in a rapid increase in HIV testing and enrolment in antiretroviral therapy. The Government has also prioritized universal health coverage, with a focus on reaching 50 disadvantaged and underserved communities with comprehensive services.

At the same time, our new national HIV strategic plan is fully aligned with the fast-track commitments and the vision set out in the General Assembly's 2016 Political Declaration on HIV and AIDS, and we expect to launch it in August. The new plan aims to accelerate the national response so as to reduce new infections and mortality, while engaging all stakeholders in a more coordinated and better financed manner.

Our Ministry of Health has also developed a strategic plan for ensuring the integration of various programmes, as well as progressive policies and innovative approaches, in response to gaps identified in our HIV Impact Assessment. To that end, we have developed an acceleration plan with targeted testing strategies and phased geographical expansion to high-volume sites in all districts, in order to achieve 90 per cent treatment coverage for all age groups, sexes and subgroups by 2020. In addition, our rapid scaling up of infrastructure and capacity for viral load testing has increased their volume from 11,000 to 251,000 tests per year.

Last but not least, the Ministry of Education and Training has rolled out a comprehensive sex education curriculum in primary schools and the lower grades of secondary schools. Significant progress has also been made not only in terms of achieving the fast-track targets through our adoption of a people-centred response, but also in terms of the 90-90-90 treatment targets, as Lesotho has made significant progress to reach a level of 77-90-88, indicating a high level of coverage related to services. According to these findings, we believe that the country is on track to achieve the 90-90-90 targets by 2020.

The antiretroviral therapy coverage in the country is 67 per cent, up from 35 per cent in 2014, while the population-level viral-load suppression rate is 67.6 per cent. Moreover, a differentiated combination prevention approach, which includes essential service packages, has been developed for each priority-population group. Several game-changing innovative interventions and delivery models have also been adopted and adapted to increase access to HIV services.

The male corners and adolescent centres established in mid-2017 to reach men and young people, respectively, are showing high uptake and good results. These facilities offer integrated, client-oriented and friendly services, including cancer screenings, in a one-stop setting. The services offered are by young people for young people and men for men, with remarkable results, including high acceptance, high enrolment and improved adherence. Attendance at the clinics increased from 300 to 400 people per month in 2017 to 1,300 to 1,500 people per month this year.

These achievements have been possible only because of the strong support and partnership with our partners, such as the United States President's Emergency Plan for AIDS Relief (PEPFAR), the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among others. We acknowledge with gratitude the recent technical support provided by UNAIDS in the establishment of the HIV and health situation room, which will enhance accountability and transparency. We are also grateful for the generosity and high investment of the United States Government through funding and technical support received from PEPFAR.

Despite the commendable progress, Lesotho is continuing to face challenges. For example, adolescent girls and young women remain highly vulnerable, with high rates of new infections. To this end, there remains a need to intensify efforts to put in place tailored HIV and sexual and reproductive health-rights services, addressing risk and vulnerability, including underlying causes.

In conclusion, the Government of the Kingdom of Lesotho stands committed to the 2030 Agenda for Sustainable Development, including the resolve to fast-track efforts to end the AIDS epidemic by 2030. We will endeavour to continue to search for solutions to

these challenges in partnership with our development partners so as to ensure that no one is left behind.

Mr. Dzonzi (Malawi): I would like to join those Member States that expressed concern this morning about the low attendance in this meeting of the General Assembly on the subject of HIV/AIDS. I hope that it does not signify an attitude that says "This is your problem, not ours", because that is what got us here in the first place.

At the outset, I would like to align Malawi's statement with those delivered by the representatives of Kenya and Tanzania on behalf of the Group of African States and the Southern African Development Community (SADC), respectively (see A/72/PV.94).

It is indeed a great honour and privilege to be here today to share with the General Assembly Malawi's successes and challenges in the implementation of the 2016 Declaration of Commitment on HIV/AIDS. Malawi is one of the countries with the highest HIV burden globally. It is estimated that 1.1 million of our 17 million people live with HIV/AIDS. In 2015, the country aligned its national HIV/AIDS strategic plan to the ambitious 90-90-90 targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS) as a critical step towards ending AIDS as a public health threat by the year 2030. Emboldened by the 2016 Declaration of Commitment, the people and the Government of Malawi have taken a number of significant steps to accelerate the achievement of the 90-90-90 targets and have progressively achieved an 88-84-86 score as of May 2018.

Over the past two years, the national HIV/AIDS response has made significant progress. Recognizing the challenges of reaching the first 90, the Government of Malawi has introduced a new policy on HIV self-testing and voluntary assisted-partner notification, while at the same time increasing targeted HIV testing for key and vulnerable populations. With the support of the United States President's Emergency Plan for AIDS Relief (PEPFAR), we have established a special cadre of health-care workers to undertake HIV testing as we try to increase our understanding of who is infected. Consequently, a total of 7,224,892 HIV tests were conducted in 2016 and 2017 alone, of which 286,854, or 4 per cent, were positive. Similarly, with the introduction of the test-and-start HIV treatment policy, we now have more than 750,000 people diagnosed with HIV, of whom 70 per cent are virally suppressed. We believe that as we roll out the dolutegravir treatment regimen, many more people on antiretroviral treatment will achieve viral suppression to undetectable levels, marking a major milestone in how we deal with HIV in Malawi.

The legal and policy environment is critical for an effective human rights-based national AIDS response. The Government recently enacted a new national HIV/AIDS prevention and management law, which seeks to guarantee HIV prevention and treatment services for all people in Malawi in an environment free of stigma and discrimination. I would like to express my gratitude to the UNAIDS Executive Director for his personal engagement in this process, ensuring that the new law is consistent with international human rights standards and the SADC HIV/AIDS model law.

Additionally, in October 2017 Malawi launched a new national condom strategy and guidance for sexually transmitted diseases. We have also revised our national HIV prevention strategy in line with the Global HIV Prevention Coalition road map and targets, and are now looking to establish an operational plan to direct prevention activity in the context of the strategy.

Finally, we have also developed a new national strategy for adolescent girls and young women across the Government to reduce women's and girls' vulnerability to HIV infection, gender inequalities, gender-based violence and harmful cultural practices. It is my firm belief that based on those achievements, Malawi is on track to achieving the 90-90-90 fast-track targets and the 2016 Declaration of Commitment.

Mr. Salarzai (Afghanistan), Vice-President, took the Chair.

While we celebrate those successes, it is important to note that many challenges still remain in our collective drive to end AIDS as a public health threat both in Malawi and many other sub-Saharan African countries. As clearly indicated in the blind spot report launched by UNAIDS last year, access to and utilization of HIV testing and treatment services among boys and men are disproportionately low. Stigma and discrimination against key and vulnerable population groups remain pervasive in many communities.

Furthermore, the dwindling and unpredictable financial resources for HIV and AIDS, coupled with shrinking civil-society engagement, have resulted in limited investments in communication for social and

behaviour change, which will be critical to achieving a 75 per cent reduction in new HIV infections by 2020, as stipulated in the 2016 Declaration of Commitment. Ensuring that we can actually reach the last mile of undetected patients is going to take new thinking, and not just more of the same.

While recognizing the immense contribution of the Global Fund to Fight AIDS, Tuberculosis and Malaria, PEPFAR and the United Nations system to the national AIDS response, more investment and efforts are needed to strengthen data generation and knowledge management for non-biomedical interventions. Addressing those challenges will greatly accelerate Malawi's efforts to achieve the fast-track 90-90-90 targets and the 2016 Declaration of Commitment.

Political declarations on HIV and AIDS have yielded great results in the past. The 2016 Declaration is arguably one of the boldest yet most achievable commitments made by the international community. In the spirit of global solidarity, shared responsibility and accountability, we must forge ahead with renewed commitment and determination to end HIV and AIDS as a public health threat by 2030. The time to act is now.

Mr. Louis (Haiti) (*spoke in French*): At the outset, my delegation would like to commend the Secretary-General for his complete and exhaustive report (A/72/815), rightly entitled "Leveraging the AIDS response for United Nations reform and global health". The Haitian delegation also welcomes the commendable initiative shown by the General Assembly, which, true to its mandate, has organized this plenary meeting to consider the Secretary-General's report in the light of the mechanisms put in place to implement the Declaration of Commitments on HIV/AIDS and the related political declarations.

At the midpoint of the period to meet the commitments made by the General Assembly in 2016 in the context of the strategy to accelerate the response, we have certainly noted significant progress in collective and individual efforts to end the AIDS epidemic by 2030. However, despite the progress made, the disease is still present and constitutes a major concern for all Member States, including the potential to eliminate mother-to-child transmission of HIV and the adoption of a combined approach to HIV prevention that respects and protects the rights of the most vulnerable people, as well as dealing with the related stigma, discrimination, gender inequality, poverty, food insecurity and other social and economic inequalities. To address such concerns effectively, we need to take concrete steps to make immediate use of the new HIV/AIDS screening techniques and treatment combinations developed so far, especially for the most vulnerable countries.

My delegation believes that we should make the following observations at the national level. Like many countries, Haiti is plagued by a widespread HIV epidemic, with enormous repercussions for the economy, institutions, families and individuals that leave no sector or social stratum untouched. Nevertheless, according to the latest demographic health survey in 2017, Haiti was able to reduce its sero-prevalence rate among the general population aged between 15 and 49 years old from 2.2 per cent to 2 per cent. The number of people living with HIV is currently estimated at 147,154.

The fight against the HIV epidemic is an ongoing priority for the Government of the Republic of Haiti, and that is why the Government and its development and civil society partners have made a strong commitment to the implementation of the 2016 Political Declaration. In that regard, some progress has been made since the high-level meeting in June 2016, including the formulation of a multisectoral national strategic plan for the period from 2018 to 2023; the adoption and immediate implementation of the test-and-treat strategy, which has facilitated access to treatment; to date, 86 per cent of HIV-positive people know their status, which is the first 90 target; 108,000 people tested positive have been placed on antiretroviral treatment, which represents 85 per cent of the second 90 target; and 65 per cent of people in treatment already have an undetectable viral load.

We also note the adoption of several policy and strategy documents, among other things, to facilitate the implementation of interventions for people at risk, task delegation and a community strategy through multipurpose community health workers. In addition, the Haitian Government has undertaken to eliminate mother-to-child transmission by 2020. More than 80 per cent of all pregnant women have been tested for HIV, and of those identified as HIV positive, 90 per cent are receiving antiretroviral treatment.

I would also like to note that my Government is committed to reducing the number of new infections and, as a result, has prioritized prevention and treatment, particularly for sex workers, adolescents,

young women and girls, while we continue to accelerate the implementation of our test and treat programme.

We are also facing major challenges, including in areas such as the capacity to mobilize adequate domestic resources; better coordination to avoid duplication of donor support; private-sector support for increased national investment and sustainability; the implementation of concrete, measurable and effective policies and actions to address HIV/AIDS-related discrimination, especially against key and vulnerable populations; and pediatric HIV treatment, patient adherence to treatment regimes, management and so on.

In conclusion, my delegation welcomes the five recommendations in the Secretary-General's report, which present information on diagnosing, preventing and treating the AIDS epidemic appropriately. The Haitian delegation fully supports the recommendations and hopes that they will not be in vain, but that they will be followed by concrete actions aimed at effectively implementing the 10 commitments in the 2016 Declaration on HIV/AIDS, with a view to accelerating an effective global response to the fight against HIV/AIDS and achieving our shared objective of putting an end to the disease by 2030.

In order to adequately address those challenges, the Government of Haiti renews its strong commitment and determination to meet the 2020 targets and put an end to AIDS as a public health threat by 2030. To that end, the Haitian Government, with its national and international partners, recently adopted the 95-95-95 targets by 2020 in order to achieve the 2030 targets earlier.

Finally, in an effort to accelerate HIV prevention with a view to reducing new infections by 75 per cent, Haiti has committed to joining the coalition of countries committed to implementing the HIV prevention road map for 2020. The road map is focused on countries with a high number of new infections among adolescents and young adults.

Ms. Bakuramutsa (Rwanda): At the outset, I would like to express my delegation's appreciation for the convening of this meeting two years after the adoption of the Declaration of Commitment on HIV/AIDS and the political declarations on HIV/AIDS. We would also like to thank the Secretary-General for his report, entitled "Leveraging the AIDS response for United Nations reform and global health" (A/72/815).

Rwanda aligns itself with the statement delivered by the representative of Kenya on behalf of the Group of African States (see A/72/PV.94).

At the halfway point of the fast-track phase of the AIDS response, it is commendable that progress has been recorded globally with regard to the commitments made in the 2016 political declarations. That said, the challenges to global responses to the AIDS epidemic remain significant and persistent, hindering efforts to achieve our ultimate goal, and continue to demand that the international community work relentlessly to find global solutions to our global challenges.

HIV prevalence in Rwanda has remained stable at 3 per cent in the adult population for the past decade, with an HIV incidence of 1.28/1000 people. Rwanda is on track to achieve the 90-90-90 treatment targets of the Joint United Nations Programme on HIV/AIDS (UNAIDS) by 2020 and is gearing up to meet the targets for the 95-95-95 fast-track strategy to end the AIDS epidemic by 2030. Eighty-eight per cent of the people living with HIV have been tested and know their status, in line with the ambitious target of having 90 per cent of all people living with HIV knowing their HIV status.

In accordance with the World Health Organization recommendations, Rwanda has adopted various strategies that have contributed to achievements related to HIV/AIDS patients receiving antiretroviral treatment. These strategies include the treat-all strategy, aimed at providing antiretroviral treatment for all who test positive for HIV, and the differentiated service-delivery model, aimed at decreasing the frequency of patient clinical visits to health facilities, synchronizing services offered to our clients and reducing the burden for health-care providers.

Ensuring a healthy population is a top priority for Rwanda that goes hand in hand with implementing Sustainable Development Goal 3 of the 2030 Agenda for Sustainable Development and specifically, in this context, target 3.3.

We welcome the Secretary-General's recommendation that efforts to end tuberculosis and other co-infections and co-morbidities should be accelerated by scaling up integrated, people-centred tuberculosis and HIV services through collaborative activities, as well as improving primary health-care access, which will accelerate disease-specific responses. In that regard, Rwanda has enrolled more than 90 per cent of its citizens in health insurance

through its universal health-coverage policy. Through a combination of community-based health insurance, community health workers and dedicated local and global partners, Rwandan citizens have been able to access primary health services in greater numbers than before owing to the affordability of care and drugs. Access to health care has enabled Rwanda to register 91 per cent of patients on antiretroviral treatment to suppress their viral load. Various strategies have been put in place with that goal in mind and will continue to help to increase viral suppression, such as enhanced adherence support for patients enrolled in HIV services, both at health facilities and in communities through peer education, and guideline updates with a focus on regimens with fewer side effects.

In addition to access to health care, a gender approach is clearly needed to address gender disparities with regard to HIV/AIDS. Consequently, mainstreaming gender equity as a cross-cutting area remains a priority goal for Rwanda.

In conclusion, Rwanda believes that collective work towards the following four key challenges will support the continued progress in the fight against HIV and in ending the AIDS epidemic: first, addressing the financial gaps identified, so as to ensure implementation; secondly, developing and implementing cost-effective and sustainable service delivery models; thirdly, improving supply-chain management; and fourthly, making greater use of data-driven approaches to identifying new infections.

Rwanda is grateful to UNAIDS, the United States President's Emergency Plan for AIDS Relief and the Global Fund to Fight AIDS, Tuberculosis and Malaria, among other partners, for their continued partnerships and collaboration, and remains committed to global efforts to end the AIDS epidemic.

Mr. Kafle (Nepal): Let me begin by thanking the President for convening this important meeting. I also thank the Secretary-General for his comprehensive report (A/72/815).

I would like to share the important steps that Nepal has taken to scale up, intensify, innovate and speed up services to prevent and treat HIV, and to eliminate discrimination, improve the integration of HIV with other health services and align our efforts with the Sustainable Development Goals.

Only six months after making its commitments in the Assembly, Nepal developed and began implementing Nepal HIVision 2020 as the country's fast-track national HIV strategic plan for the period from 2016 to 2021. It is designed to fully achieve the 90-90-90 treatment targets by the year 2020. With those plans, the Government of Nepal is in effect increasing its domestic HIV investments by procuring 50 per cent of the antiretroviral drugs required, and we will cover 100 per cent of the necessary life-saving antiretroviral drugs starting in the next fiscal year. Our programme focus has shifted primarily to preventing new infections, in addition to case finding and management through task-sharing between the Government and civil society, with the Government working through outreach and communities through inreach. In order to prevent the vertical transmission of HIV and keep mothers healthy, HIV testing services for pregnant women have been scaled up throughout the country.

New HIV infections in Nepal declined by more than 60 per cent in 2017 compared to 2010. Our goal is to reduce new HIV infections by 75 per cent by 2020. Today, 63 per cent of people thought to be living with HIV know their HIV status, which is still far from the goal of 90 per cent. With the implementation of the community-led HIV screening, which began a few weeks ago, the percentage of people aware of their HIV status is expected to reach 90 per cent by 2020. Following the implementation of Nepal's testing and treatment strategy, the number of people receiving antiretroviral treatment has increased significantly. Our goal of 90 per cent treatment coverage by 2020 is within our reach. The strategy plan calls for systematic and coordinated action from line ministries in addition to the Ministry of Health. All the relevant line ministries have their roles to play in preventing HIV. They include reducing vulnerability, contributing to care and support, protecting human rights, reducing discrimination and integrating HIV into their respective development agendas.

Nepal is also focusing on reducing inefficiencies by integrating HIV services effectively with the country's health system and with programmes that work with similar and overlapping populations in connection with tuberculosis, sexual and reproductive health, and maternal and child health in particular. Another priority is investing more in improving the community system's capacity for identifying, reaching, recommending and ensuring the continuum of care. We aim to achieve zero

tolerance for discrimination against people with HIV/AIDS by 2030. We are halfway to fulfilling our 2020 fast-track commitments. Nepal is confident that we can end the HIV epidemic as a threat to public health in our country by 2020.

What we have achieved so far is the result of the joint work of the Government, development partners — particularly the Joint United Nations Programme on HIV/AIDS and the Global Fund — the private sector and specific community networks to improve and sustain the country's HIV response for and with the people, who matter the most, while leaving no one behind. Nepal appreciates such support and cooperation, and looks forward to continuing its partnership and working together with the international community in that regard.

Ms. Khyne (Myanmar): At the outset, my delegation thanks the President of the General Assembly for convening this meeting to review progress in the implementation of the Declaration of Commitment on HIV and AIDS and its subsequent political declarations.

This meeting is very important and timely, as it coincides with the halfway point of the 2020 fast-track commitments made in 2016 to accelerate the fight against HIV and to end the AIDS epidemic by 2030. My delegation also thanks the Secretary-General for his report (A/72/815) and takes note of its five recommendations, which are critical to achieving our global HIV/AIDS response. The world is making significant progress towards the goal of ending the AIDS epidemic by 2030. More people living with HIV are receiving access to treatment, and the number of deaths has declined. However, the report also points out that progress in reducing new infections is slow.

As an HIV-burdened country and one of the hardest hit in South-East Asia, Myanmar is fully committed to ending the AIDS epidemic by 2030. To address the scourge of HIV/AIDS, we have placed the fight against HIV at the top of our health-care agenda. HIV is designated a priority disease in the current national health plan for the period from 2017 to 2021. We have also launched a national strategic plan on HIV/AIDS for the period from 2016 to 2020, which provides a road map on how to fast-track the national HIV response and end the AIDS epidemic as a public health threat by 2030.

We fully subscribe to the idea that strengthening health systems, private-sector engagement and community mobilization is crucial to ensuring the quality and coverage of the HIV service continuum. Safeguarding human rights and promoting gender equality with supportive legal and political frameworks and zero tolerance for stigmatizing, discriminating against or committing violence against people affected by HIV and AIDS are also critical in that regard. In our efforts to achieve the 90-90-90 treatment target, essential HIV services have been made available throughout the country, including prevention, integrated testing and counselling, clinical care, antiretroviral therapy and a safe blood supply. More than 117,000 people belonging to key populations received HIV testing and were aware of their HIV status in 2017, and approximately 70 per cent of those living with HIV subsequently received life-saving antiretroviral therapy.

With the goal of eliminating mother-to-child transmission by 2025, we have launched programmes for preventing mother-to-child transmission that have made significant progress. The joint strategy linking the two national programmes involving tuberculosis and HIV has also been implemented. Integrated tuberculosis and HIV services are now available in all 330 townships in order to intensify case finding and improve tuberculosis and HIV awareness and the immediate initiation of treatment. Domestic funding for the national HIV response has increased in recent years. For the 2017-2018 fiscal year, $14 million has been allocated to antiretroviral treatment, close to the 20 per cent co-financing level required by the Global Fund. Despite the overall estimated decline in the HIV epidemic at the national level, the trend is uneven among our regions and states, and its prevalence remains high among key populations in Myanmar.

Our global response is not complete, and AIDS is not over. We require stronger and more dynamic partnerships among Member States, the United Nations system, civil society and the private sector, among others, on the way forward. My delegation is of the view that refinement and reinforcement of the Joint United Nations Programme on HIV/AIDS will better support the global AIDS response.

Lastly, my delegation reaffirms it strong commitment to ending AIDS as a public-health threat by 2030 and calls for the continued commitment and support of international donors to achieve that goal, which remains within sight.

Mr. Bayyapu (India): As we reach the half-way mark in the implementation of the 2016 Political Declaration on HIV and AIDS: On the Fast-Track to Accelerating the Fight against HIV and to Ending the AIDS Epidemic by 2030, it is imperative to take stock of our progress and to reaffirm our commitments to continue the battle against HIV/AIDS.

Concerted global efforts and commitments at the national level have resulted in measurable progress in containing the epidemic. Globally, the majority of people living with HIV are now receiving treatment and deaths caused by AIDS have declined by one third since 2010. We understand that the full achievement of the agreed targets by 2020 will require further effort and, above all, political will to ensure the expansion of community-led, people-centred approaches to HIV treatment, immediate linkage to and retention in care and adherence to treatment. The rapid roll-out of new and improved testing and treatment combinations also remain critical.

India, which was facing a spectre of disastrous consequences from the AIDS epidemic approximately 15 years ago, has succeeded in addressing the challenge. Deaths due to AIDS have been reduced by nearly 55 per cent since 2007, while new HIV infections have been reduced by 66 per cent since 2000. A total of 1.62 million people living with HIV have been tested in India and know their HIV status, and 1.2 million people living with HIV are receiving treatment. With 20.5 million pregnant women screened for HIV, considerable success has been achieved in containing mother-to-child infection. India has established the world's largest public-private partnership to provide viral-load testing and the monitoring of patients under antiretroviral treatment. Synergies have been established between HIV and tuberculosis programmes to achieve effectiveness and efficiency in order to eliminate both diseases in a time-bound manner. Targeted interventions based on close collaboration with communities and civil society, with appropriate funding from the Government, have helped deliver key life-saving services to the affected populations.

Access to affordable medicines has played a critical role in India's achievements in addressing the HIV/AIDS epidemic. The low-cost generic medicines produced by the Indian pharmaceutical industry have been instrumental in scaling up access to HIV treatment, not only in India but also in other parts of the world, especially in the developing countries most affected by the disease. More than 80 per cent of the antiretroviral drugs used globally are supplied by the Indian pharmaceutical industry. The accessibility and affordability of these drugs have helped save millions of lives around the world.

We would like to thank the Joint United Nations Programme on HIV/AIDS on this occasion for its leadership in successfully mobilizing the world against the HIV/AIDS epidemic. Lessons learned from this public-health model will continue to enrich and inform our strategies to address other global epidemics.

Ms. Van Munster (Netherlands): The Kingdom of the Netherlands fully aligns itself with the statement made by the observer of the European Union on behalf of its member States (see A/72/PV.94).

My delegation thanks the Secretary-General for his comprehensive report (A/72/815).

As a country known for its pragmatic approach towards HIV/AIDS, we would like to emphasize some of what we believe to be the key elements in the fight against HIV and AIDS. They include the need to conduct inclusive, evidence-based work; the need for a human-rights-based approach that includes sexual and reproductive health and rights; and the need for a people-centred approach. After all, it is about people, and they should be at the centre of the AIDS response.

From that approach, it naturally follows that we must talk about key populations — young people, women and girls, migrants, prisoners, intravenous drug users, sex workers and men having sex with men. They are the most vulnerable to infections. If we truly want to end the epidemic and leave no one behind, we must end stigma and discrimination against those groups and let their voices be heard. We should therefore enable representatives of those groups to actively engage with policy-makers, scientists, medical practitioners, politicians and Government representatives. We should not just talk the talk, we should also walk the walk, and the Netherlands is making progress in that respect. For example, due to our harm-reduction programmes, in the Netherlands HIV/AIDS transmission among people who inject drugs is currently close to zero.

We are halfway through the implementation phase of our own United Nations commitments, set at the high-level meeting on HIV/AIDS in 2016. This is the right time to take stock of what we have achieved so far and ensure that we use the remaining time to further

roll out evidence-based and effective policies in order to reach our goals. After all, despite good progress made worldwide, much remains to be done. AIDS is not over yet. Only by truly working together, exchanging best practices and learning from scientific research will we reach the targets we set during the high-level meeting on HIV/AIDS here in New York.

We are proud to inform the Assembly that we are hosting the perfect opportunity to further evaluate our work, as the next International AIDS Conference will take place in Amsterdam from 23 to 27 July. Its theme is "Breaking Barriers, Building Bridges". We welcome all members to Amsterdam to share, learn and re-energize one another, so that we can achieve the Sustainable Development Goals by 2030 and succeed in ending the AIDS epidemic.

The Acting President: We have heard the last speaker in the debate on this item.

May I take it that it is the wish of the General Assembly to conclude its consideration of agenda item 10?

It was so decided.

Agenda item 14 (*continued*)

Integrated and coordinated implementation of and follow-up to the outcomes of the major United Nations conferences and summits in the economic, social and related fields

Draft resolution (A/72/L.56)

The Acting President: I now give the floor to the representative of the Philippines to introduce draft resolution A/72/L.56.

Mr. Locsin (Philippines): It is my honour and privilege to introduce the draft resolution on the International Day of Family Remittances, as contained in document A/72/L.56, on behalf of the four main sponsors of the draft resolution, Algeria, Guatemala, Madagascar and, my own delegation, the Philippines. We are proud to have worked closely with partners to bring us to this historic moment.

The draft resolution is sponsored by 38 delegations — friends and partners from across all regions of the world. We thank all Member States for their active participation and constructive input during the five informal consultations and bilateral negotiations conducted in recent weeks. Together Algeria, Guatemala, Madagascar and the Philippines endeavoured to accommodate the views, concerns, contributions and suggestions expressed by many delegations in consultations that were conducted in an open, inclusive and transparent manner.

The objective of the draft resolution is to recognize and raise global awareness of the link between remittances and sustainable development and to acknowledge the fundamental contribution of migrant workers to the well-being of their families and communities of origin. The International Day of Family Remittances provides an opportunity to come together as a global community to recognize the efforts of millions of migrants who are using remittances to improve the lives of their families and to create a future of hope for their children.

The global scale of remittances is impressive. A total of $466 billion in remittances to developing countries was recorded in 2017, representing an increase of more than 8.5 per cent compared to 2016 and more than three times the value of official development assistance. During the 2015-2030 period for achieving the Sustainable Development Goals, remittances are projected to exceed a cumulative $6.5 trillion to developing countries.

Remittances are private funds transferred through private channels that represent more than 50 per cent of family income to help sustain 800 million people. Remittances have a transformative impact across the Sustainable Development Goals, as they support long-term development strategies, particularly those related to poverty eradication and access to basic services at the household level, and through the promotion of local investments that can encourage entrepreneurship and financial inclusion, especially in the rural areas of developing countries where poverty rates are highest.

Beyond the focus on the aggregate flows of remittances, what matters most is not measured in millions or billions but in the individual amounts of $200 or $300 sent home regularly and consistently. Those amounts represent 60 per cent of total household income and, if leveraged, can effectively improve the living standards of migrants' communities of origin.

That initiative was originally endorsed by the thirty-eighth session of the Governing Council of the International Fund for Agricultural Development (IFAD), which proclaimed 16 June as the International Day of Family Remittances. We are pleased that, through the adoption of draft resolution A/72/L.56, the

Day will be universally recognized and that IFAD will continue to facilitate the observance of this Day by all stakeholders, including through the Global Forum on Remittances, Investment and Development.

On behalf of Algeria, Guatemala, Madagascar and the Philippines, I now humbly request that all Member States adopt by consensus draft resolution A/72/L.56, on the International Day of Family Remittances.

The Acting President: The Assembly will now take a decision on draft resolution A/72/L.56, entitled "International Day of Family Remittances".

I give the floor to the representative of the Secretariat.

Mr. Nakano (Department for General Assembly and Conference Management): I should like to announce that since the submission of the draft resolution, and in addition to those delegations listed in the document, the following countries have become sponsors of draft resolution A/72/L.56: Australia, the Plurinational State of Bolivia, Brazil, Canada, China, Costa Rica, Egypt, Guyana, India, Indonesia, Ireland, Jamaica, Malawi, Mexico, Myanmar, Nepal, Nicaragua, Nigeria, Paraguay, the Republic of Moldova, the Russian Federation, Samoa, Singapore, the Sudan, Thailand, Timor-Leste, Uruguay and Viet Nam.

The Acting President: May I take it that the Assembly decides to adopt draft resolution A/72/L.56?

Draft resolution A/72/L.56 was adopted (resolution 72/281).

The Acting President: Before giving the floor for explanations of position, I would like to remind delegations that explanations of position are limited to 10 minutes and should be made by delegations from their seats.

Mr. Bagwell (United States of America): While we joined the consensus on resolution 72/281, we would like to take this opportunity to clarify some important points.

With regard to its references to the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda, we underscore that the 2030 Agenda and the Action Agenda are non-binding documents that do not create rights or obligations under international law. The United States recognizes the 2030 Agenda as a global framework for sustainable development that can help countries work towards global peace and prosperity. We applaud the call for shared responsibility, including national responsibility, for the 2030 Agenda, and emphasize that all countries have a role to play in achieving its vision. The 2030 Agenda recognizes that each country must work towards implementation in accordance with its own national policies and priorities.

The United States also underscores that paragraph 18 of the 2030 Agenda calls for countries to implement the Agenda in a manner that is consistent with the rights and obligations of States under international law. We also want to highlight our mutual recognition in paragraph 58 that the 2030 Agenda implementation must respect and be without prejudice to the independent mandates of other processes and institutions, including negotiations, and does not prejudge or serve as a precedent for decisions and actions under way in other forums. For example, the Agenda does not represent a commitment to providing new market access for goods or services. It also does not interpret or alter World Trade Organization agreements or decisions, including the agreement on trade-related aspects of intellectual property rights.

We take this opportunity to make important points of clarification with regard to the reaffirmation of the Addis Ababa Action Agenda. We note in particular that much of the trade-related language in the Addis Ababa Action Agenda outcome document has been overtaken by events since July 2015 and is immaterial, and that our reaffirmation of the outcome document has no standing for ongoing work and negotiations involving trade. Some of the intervening events happened just months after the release of the outcome document.

Ensuring that remittances continue to flow through regulated channels serves the dual purpose of stopping the abuse of the financial system by illicit actors, while providing access to funds in areas of need. The United States supports the robust implementation of international anti-money-laundering and counter-terrorism financing standards by all jurisdictions, including those related to the regulation, supervision and enforcement of anti-money-laundering and counter-terrorism financing obligations for remitters. The effective implementation of those standards fosters both financial transparency and financial inclusion. However, it is unacceptable to use the references to migrants and migration without any qualifiers. The United Nations should not be recognizing irregular or illegal migration as a positive contribution to development, as it occurs contrary to national laws.

The United States must therefore dissociate itself from consensus on such language.

The Acting President: We have heard the last speaker in explanation of position.

We will now hear statements following the adoption of resolution 72/281.

Mr. Castañeda Solares (Guatemala) (*spoke in Spanish*): As a main sponsor of resolution 72/281, which establishes 16 June as the International Day of Family Remittances, I would like to thank all the delegations that took part in the consultations process. The consensus-based outcome recognizes that family remittances contribute to the sustainable development of our peoples.

Remittances can contribute to reducing household poverty in migrants' communities of origin, and more broadly to the other Sustainable Development Goals, such as facilitating access to health and education, housing construction, access to new technologies and serving as an entry point to formal financial services.

In Guatemala, around 11 per cent of the gross domestic product is attributable to the remittances entering the country, which benefit more than 6.2 million people, according to the International Organization for Migration's 2016 survey on migration and remittances. Faced with the global economic context, we can appreciate the sensitive nature of remittance flows because while they are so necessary for the survival of many people, they are highly vulnerable to various external shocks, such as exchange rates or changes in the flow of migrants.

A decrease in remittances in the coming years due to external shocks could exacerbate poverty rates, which in 2016 reached almost 60 per cent of the population, because families depend on that income to meet their basic needs. The dependence on remittances by so many people in my country indicates that we must encourage diversified investment in productive sectors and therefore reduce the vulnerability of families and the country to changes in the flows of remittances. One area in which the Government can support families sending and receiving remittances is in financial education and counselling aimed at encouraging savings and investment. It is important to design policies to support remittance-receiving communities, which will act as a buffer against falls in remittance income.

The adoption of resolution 72/281 on the International Day of Family Remittances is an important occasion that also uniquely reminds us of the efforts of migrants who contribute to the society in which they live and also to the support of their families. In addition, it allows us to recall the importance of continuing to advocate for the interests and rights of families and communities receiving and benefiting from remittances.

Mr. Soriano Mena (El Salvador) (*spoke in Spanish*): El Salvador is grateful for the initiative of resolution 72/281 to commemorate 16 June as the International Day of Family Remittances, as well as for its adoption by consensus today. We are also grateful for the work done by the group of delegations taking the initiative in drafting the text and advancing us to a mutual agreement.

El Salvador attaches great importance to remittances, which account for a considerable percentage of our gross domestic product and are the fruits of the arduous labour and positive contribution of many migrant workers and their families, regardless of their migration status, with great potential for contributing to sustainable development in their countries of origin, transit and destination. We underscore that remittances are private funds and should never, in any circumstance, be compared to any other type of financial flow, as we established in the Addis Ababa Action Agenda of the Third International Conference on Financing for Development. We therefore believe that the commemoration of this Day is of the utmost importance.

El Salvador stands ready to give the highest profile possible to this celebration, and we are willing to work hand in hand with all interested parties to implement and follow through on the 2030 Agenda for Sustainable Development and the commitments included in the Sustainable Development Goals and their targets, especially where we agreed to reduce to less than 3 per cent the remittance transaction costs for migrants, as well as to eliminate remittance corridors that cost more than 5 per cent. In that regard, we also call on the international community to lend its support to our efforts to achieve those common goals.

Once again, El Salvador, as a sponsor of this initiative, is grateful for the support it has enjoyed.

The meeting rose at 5.15 p.m.